

FILED NOV 10 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32950

BIRTH NO. _____		REG. DIST. NO. <u>11</u>		PRIMARY REG. DIST. NO. <u>5041</u> Registrar's No. <u>96</u>	
1. PLACE OF DEATH a. COUNTY <u>BARRY</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>ARK.</u> b. COUNTY <u>CARROLL</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ON Hiway 37 South of Cassville</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>EUREKA SPRINGS</u>		402.0 8
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>about 3 miles</u>			d. STREET ADDRESS (If rural, give location) <u>23 Council Street</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u>		b. (Middle) <u>Leroy</u>		c. (Last) <u>BLACK</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>10-28-1954</u>		5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>11-9-1914</u>		9. AGE (In years last birthday) <u>39</u> If under 1 year: Months <u>7</u> Days <u>19</u> If under 24 hrs. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SALESMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>APPLIANCE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>CARROLL Co. ARK.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>JA. BLACK</u>		13b. MOTHER'S MAIDEN NAME <u>IDA WALKER</u>	
14. NAME OF HUSBAND OR WIFE <u>MARGARET BLACK</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES 1944-1946</u>		16. SOCIAL SECURITY NO. <u>491-05-4817</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>JA. BLACK - EUREKA SPRS. ARK.</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple injuries to head & chest</u>		INTERVAL BETWEEN ONSET AND DEATH <u>instant</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>2.7 miles south of Hiway 37</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Flat Creek Township Barry MO.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct 28, 12:16 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Car accident (driving too fast)</u>	
22. I hereby certify that I attended the deceased from <u>on Oct 28, 1954, to</u> , that I last saw the deceased <u>dead on Oct 28, 1954,</u> and that death occurred at <u>12:45 P.M.,</u> from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Paul D. Embury</u>		23b. ADDRESS <u>Cassville, Missouri</u>		23c. DATE SIGNED <u>10/29/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>10-28-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Odd Fellow</u>	
24d. LOCATION (City, town, or county) (State) <u>Eureka Springs, Ark.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Davis-Williamson</u>		ADDRESS <u>Cassville Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-28-1954</u>		REGISTRAR'S SIGNATURE <u>Grace Williams</u>		10-0	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2050
23

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 1054-125

DATE REC. 10-20-54

NOV 16 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student
Student Embalmer

Handwritten signature

Student Embalmer No. _____

Signed *Raymond A Davis*

Licensed Embalmer No. 3424

P. O. Address Cassville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.